

## **Supplemental Application Data Sheet**

### **Application Information**

Application number::	10/692,724
Filing Date::	10/27/03
Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	1657
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of copies of CDs::	
Sequence submission?::	None
Computer Readable Form (CRF)?::	No
Number of copies of CRF::	
Title::	METHODS OF TREATING VASCULAR DISEASES CHARACTERIZED BY NITRIC OXIDE INSUFFICIENCY
Attorney Docket Number::	0102258.00170US3
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	3
Small Entity?::	Yes
Petition included?::	No
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?:	No

## **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Joseph  
Middle Name::  
Family Name:: LOSCALZO  
Name Suffix::  
City of Residence:: Dover  
State or Province of Residence:: MA  
Country of Residence:: US  
Street of mailing address:: 16 LedgeWood Drive

City of mailing address:: Dover  
State or Province of mailing address:: MA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 02030

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Joseph  
Middle Name:: A.  
Family Name:: VITA  
Name Suffix::  
City of Residence:: Hingham  
State or Province of Residence:: MA  
Country of Residence:: US  
Street of mailing address:: 12 Fulling Mill Lane

City of mailing address:: Hingham  
State or Province of mailing address:: MA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 02118

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Michael  
Middle Name:: D.  
Family Name:: LOBERG  
Name Suffix::  
City of Residence:: Boston  
State or Province of Residence:: MA  
Country of Residence:: US  
Street of mailing address:: 86 Beacon Street

City of mailing address:: Boston  
State or Province of mailing address:: MA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 02116

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: France  
Status:: Full Capacity  
Given Name:: Manuel  
Middle Name::  
Family Name:: WORCEL

Name Suffix::  
City of Residence:: Boston  
State or Province of Residence:: MA  
Country of Residence:: US  
Street of mailing address:: 20 Gloucester Street, No. 4

City of mailing address:: Boston  
State or Province of mailing address:: MA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 02115

#### **Correspondence Information**

Correspondence Customer Number:: 24395

#### **Representative Information**

Representative Customer Number:: 25270

### Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation-in-part of	10/679257	10/07/03
10/679257	<u>Division of</u>	09/697317	10/27/00
09/697317	An application claiming the benefit under 35 USC 119(e)	60/162230	10/29/99
09/697317	An application claiming the benefit under 35 USC 119(e)	60/179020	01/31/00
This Application	Continuation of	10/687706	10/20/03
10/687706	Continuation of	10/415136	04/25/03
10/415136	National Stage of	US01/14245	05/02/01
<u>US01/14245</u>	<u>Continuation-in-part of</u>	<u>US00/29528</u>	<u>10/27/00</u>
<u>US00/29528</u>	<u>An application claiming the benefit under 35 USC 119(e)</u>	<u>60/162230</u>	<u>10/29/99</u>
<u>US00/29528</u>	<u>An application claiming the benefit under 35 USC 119(e)</u>	<u>60/179020</u>	<u>01/31/00</u>

### Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

**Assignee Information**

Assignee name:: NitroMed, Inc.  
Street of mailing address:: 45 Hayden Avenue  
Suite 3000  
City of mailing address:: Lexington  
State or Province of mailing address:: MA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 02421